

EXHIBIT E

**Additional Forms Appendix
with No Children (rev 10/1/21)
(attached to the JD-1 rev 10/1/21)**

Uncontested Joint Divorce With No Children Additional Forms Appendix (rev. 10/1/21)

Additional Forms Depending on the Circumstances

If there are children under 21, use the Uncontested Joint Divorce With Children Forms Appendix

See the Information Booklet (JD-1) rev. 10/1/21 for instructions, important notices, and help.

1. Fee Waiver Application
2. Fee Waiver Order
3. Income Withholding Order for Spousal Support only (LDSS-5038) (rev. 9/1/21)

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____

1

-----X

In the Matter of the Application of

2,3 _____,

Plaintiff.

Index No.: _____

For Permission to Prosecute as a Poor Person

**AFFIDAVIT IN SUPPORT OF
APPLICATION TO PROCEED
AS A POOR PERSON**

- against -

4 _____,

Defendant.

-----X

STATE OF NEW YORK }

ss:

5 COUNTY OF _____ }

6 _____, being duly sworn, says:

7 1. I reside at _____ in the City, Town or
Village of _____, County of _____, State of New York, and I have resided
in the State of New York for the past _____ years.

8 2. I am about to commence a lawsuit for divorce. This lawsuit is based upon **DRL §170
_____ - _____.

9 3. My sole source of income is: _____

I earn \$ _____ per _____.

10 4. My property and its value are as follows:

11 5. I make this application pursuant to Section 1101 of the Civil Practice Law and Rules upon
the ground that I am unable to pay costs, fees and expenses necessary to pursue my case and
am unable to obtain the funds to do so, and unless an order is entered relieving me from the
obligation to pay, I will be unable to prosecute my case.

- 12 6. No other person is beneficially interested in the recovery sought herein.
- 13 7. No previous application for the same or similar relief has been made by me in this case except: _____

_____ .
WHEREFORE, I respectfully ask for an order permitting me to prosecute an action as a poor person.

The foregoing statements have been carefully read by the undersigned who states that they are true and correct.

14 _____
Plaintiff

Subscribed and sworn to
before me on

NOTARY PUBLIC

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment

DRL §170(2) - abandonment

DRL §170(3) - confinement in prison

DRL §170(4) - adultery

DRL §170(5) - living apart one year after separation decree or judgment of separation

DRL §170(6) - living apart one year after execution of a separation agreement

DRL §170(7) - irretrievable breakdown in relationship

At the Supreme Court of the State of
New York, held in and for the County
of _____ at the County
Courthouse at _____, New
York, on the ___ day of _____

1
2
3

PRESENT: HON. _____
Justice of the Supreme Court

-----X

In the Matter of the Application of

Index No.: _____

6

_____,
Plaintiff,

For Permission to Prosecute an Action as a Poor Person
-against-

POOR PERSON ORDER

7

_____,
Defendant.

-----X

8 Upon the annexed affidavit of _____,

9 And it being alleged that said Plaintiff _____ has a good cause of
10 action or claim based upon **DRL § 170 subd. ____ - _____, and that
he/she is unable to pay the costs, fees and expenses to prosecute this action, and that there is no other
person beneficially interested in the action, thereof

11 **NOW** on motion of _____, Plaintiff, it is hereby

12 **ORDERED** that _____ is permitted to prosecute this action as a poor
13 person against _____ and it is further

ORDERED that any recovery by Judgment or Settlement in favor of Plaintiff shall be paid to
the Clerk of the Court to await distribution pursuant to court order, and it is further

ORDERED that the Clerk of this Court is directed to make no charge for costs or fees in
connection with the prosecution of this action, including one (1) certified copy of the judgment.

ENTER:

14

J.S.C.

**Insert the grounds for the divorce:

DRL §170(1) - cruel and inhuman treatment
DRL §170(2) - abandonment
DRL §170(3) - confinement in prison

DRL §170(4) - adultery
DRL §170(5) - living apart one year after separation decree or judgment of separation
DRL §170(6) - living apart one year after execution of a separation agreement
DRL §170(7) - irretrievable breakdown in relationship

Important Notice

If you are issuing a Spousal Support Only Income Withholding Order, you must serve the completed **LDSS-5038** as follows:

- **Part A:** serve only upon the employer/income withholder.
- **Part B:** serve upon all of the following:
 1. employer/income withholder;
 2. employee/obligor; and
 3. obligee.

Court Information

<input type="checkbox"/> Family Court: _____ County	Order ID (Index/Docket Number)
<input type="checkbox"/> Supreme Court: _____ County	

Employee/Obligor Information

Name (Last, First, Middle)	
Social Security Number - -	Date of Birth (MM/DD/YYYY) / /

Obligee Information

Name (Last, First, Middle)
Mailing Address

Page intentionally left blank.

NOTE- Grayed out areas of this form are NOT applicable to spousal support only cases

**Part
B**

INCOME WITHHOLDING FOR SUPPORT

I. Sender Information: (Completed by the Sender)

Date: _____

- INCOME WITHHOLDING ORDER/NOTICE FOR SUPPORT (IWO)** **AMENDED IWO**
- ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT** **TERMINATION OF IWO**

Child Support Enforcement (CSE) Agency Court Attorney Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions www.acf.hhs.gov/css/resource/income-withholding-for-support-instructions). If you receive this document from someone other than a state or tribal CSE agency or a court, a copy of the underlying order must be attached.

State/Tribe/Territory _____ Remittance ID (include w/payment) _____
 City/County/Dist./Tribe _____ Order ID _____
 Private Individual/Entity _____ Case ID _____

II. Employer and Case Information: (Completed by the Sender)

_____ Employer/Income Withholder's Name _____ Employer/Income Withholder's Address _____ _____ Employer/Income Withholder's FEIN _____	RE: _____ Employee/Obligor's Name (Last, First, Middle) _____ Employee/Obligor's Social Security Number _____ Employee/Obligor's Date of Birth _____ Custodial Party/Obligee's Name (Last, First, Middle) _____												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Child(ren)'s Name(s) (Last, First, Middle)</th> <th style="width: 50%;">Child(ren)'s Birth Date(s)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </tbody> </table>	Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Child(ren)'s Name(s) (Last, First, Middle)	Child(ren)'s Birth Date(s)												
_____	_____												
_____	_____												
_____	_____												
_____	_____												
_____	_____												

III. Order Information: (Completed by the Sender)

This document is based on the support order from New York State. You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ _____	Per _____	current child support	
\$ _____	Per _____	past-due child support	Arrears greater than 12 weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	Per _____	current cash medical support	
\$ _____	Per _____	past-due cash medical support	
\$ _____	Per _____	current spousal support	
\$ _____	Per _____	past-due spousal support	
\$ _____	Per _____	other (must specify) _____	

for a **Total Amount to Withhold** of \$ _____ per _____.

PAPERWORK REDUCTION ACT of 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to provide uniformity and standardization. Public reporting burden for this collection of information is estimated to average two to five minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a mandatory collection of information in accordance with 45 CFR 303.100 of the Child Support Enforcement Program. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. If you have any comments on this collection of information, please contact the Employer Services Team by email at employerservices@acf.hhs.gov.

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

VI. Additional Information for Employers/Income Withholders: (Completed by the Sender)

Priority: Withholding for support has priority over any other legal process under State law against the same income (section 466(b)(7) of Social Security Act). If a federal tax levy is in effect, please notify the sender.

Payments: You must send child support payments payable by income withholding to the appropriate State Disbursement Unit or to a tribal CSE agency within 7 business days, or fewer if required by state law, after the date the income would have been paid to the employee/obligor and include the date you withheld the support from his or her income. You may combine withheld amounts from more than one employee/obligor's income in a single payment as long as you separately identify each employee/obligor's portion of the payment. Child support payments may not be made through the federal Office of Child Support Enforcement (OCSE) Child Support Portal.

Lump Sum Payments: You may be required to notify a state or tribal CSE agency of upcoming lump sum payments to this employee/obligor such as bonuses, commissions, or severance pay. Contact the sender to determine if you are required to report and/or withhold lump sum payments. Employers/income withholders may use OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/) to provide information about employees who are eligible to receive lump sum payments and to provide contacts, addresses, and other information about their companies. Child support payments may not be made through the federal OCSE Child Support Portal.

Liability: If you have any doubts about the validity of this IWO, contact the sender. If you fail to withhold income from the employee/obligor's income as the IWO directs, you are liable for both the accumulated amount you should have withheld and any penalties set by state or tribal law/procedure, together with interest and reasonable attorney's fees. If you comply with this IWO, you will not be subject to civil liability to any individual or agency for conduct in compliance with this IWO. In New York State, pursuant to Civil Practice Law and Rules (CPLR) § 5241, upon a finding by the Family Court that you failed to withhold or remit withholdings as directed in this IWO, the Court shall issue an order directing your compliance and may direct the payment of a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of noncompliance.

Anti-discrimination: You are subject to a fine determined under state or tribal law for discharging an employee/obligor from employment, refusing to employ, or taking disciplinary action against an employee/obligor because of this IWO. In New York State, pursuant to CPLR § 5252, the court may direct a civil penalty not to exceed \$500 for the first instance and \$1,000 per instance for the second and subsequent instances of such discrimination, including laying off or refusing to promote an employee/obligor. Such discrimination may also be punishable as a contempt of court by fine or imprisonment or both.

Supplemental Information: (1) **PART A** of this form contains sensitive information and must be served **only** upon the *employer/income withholder* for purposes of processing the income withholding; **PART B**, which consists of 4 pages, must be served upon the employer/income withholder, employee/obligor, and obligee. (2) Priority of withholding pursuant to CPLR § 5241(h) is current support, followed by health insurance premiums, and then arrears payments. (3) If there are multiple IWOs against this employee/obligor, withhold the maximum amount permitted (see *V. Remittance Information*, above) and pay to each creditor the proportion thereof which such creditor's claim bears to the combined total. (4) Where the income of the employee or nonemployee is compensation that is not paid or payable to the obligor for personal services, there is no limit to the amount you must withhold. Otherwise the noted limit applies. (5) If the employee/obligor is reinstated or reemployed within 90 days after termination, this IWO is still in effect

Employer/Income Withholder's Name: _____ Employer/Income Withholder's FEIN: _____
Employee/Obligor's Name: _____ SSN: _____
Case ID: _____ Order ID: _____

VII. Notification of Employment Termination or Income Status: (Completed by the Employer/Income Withholder)

If this employee/obligor never worked for you or you are no longer withholding income for this employee/obligor, you must promptly notify the CSE agency and/or the sender by returning this form to the address listed in the **Contact Information** below or using OCSE's Child Support Portal (ocsp.acf.hhs.gov/csp/). Please report the new employer or income withholder, if known.

- This person has never worked for this employer nor received periodic income.
- This person no longer works for this employer nor receives periodic income.

Please provide the following information for the employee/obligor:

Termination date: _____ Last known telephone number: _____

Last known address: _____

Final payment date to Obligee/Tribal Payee: _____ Final payment amount: _____

New employer's or income withholder's name: _____

New employer's or income withholder's address: _____

VIII. Contact Information (Completed by the Sender)

To Employer/Income Withholder: If you have questions, contact _____ (sender name)

by telephone: _____, by fax: _____, by email or website: _____.

Send termination/income status notice and other correspondence to: _____

_____ (sender address).

To Employee/Obligor: If the employee/obligor has questions, contact _____ (sender name)

by telephone: _____, by fax: _____, by email or website: _____.

IMPORTANT: The person completing this form is advised that the information may be shared with the employee/obligor.

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).